PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS **EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? **C.** Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the B. Did you, your spouse, or your dependent child purchase, sell, or **UNITED STATES HOUSE OF REPRESENTATIVES** exchange any securities or reportable real estate in a transaction Name: 2018 FINANCIAL DISCLOSURE STATEMENT reporting period? exceeding \$1,000 during the reporting period? A. Did you, your spouse, or your dependent child: REPORT TYPE three tests for exemption? a. Own any reportable asset that was worth more than \$1,000 at the STATUS FILER Receive more than \$200 in uneamed income from any reportable end of the reporting period? or asset during the reporting period? 2018 Annual (Due: May 15, 2019) House of Representatives Member of the U.S. State: District: X sax Yes Yes Yes Yes **Daytime Telephone:** Š Amendment ٧ ٥ Z ۲ ٥ ۷ ٥ For Use by Members, Officers, and Employees 区 ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period? reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? source during the reporting period? Form A Employee Officer or Employing Office: Date of Termination: Termination ١ A\$340 penalty និងពីវេទ្ធនៃដង់នៃម៉ែប against any individual who files more than 30 days late. LEGISLATIVE ACSOURCE CENTUR 2019 APR 38 MERLY 59 984V) HAND DELIVERED 1 of 10 Shared Staff Filer Type: (If Applicable) Yes Yes Yes Yes Yes Yes Yes Principal Assistant Z 0 ۲ ٥ Ö Z ۲ ö X X

SCHEDULE A -**ASSETS & "UNEARNED INCOME"**

Name:

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For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For rental and other real property held for investment provide a complete address or description, e.g., "rental property," and a city and state. Provide complete names of stocks and mutual funds (do not use only ticker symbols). production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income For a detailed discussion of Schedule A requirements please refer to the instruction booklet. in the optional column on the far left. If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal Exclude: Your personal residence, including second during the year. dentify (a) each asset held for investment generated more than \$200 in "uneamed" income 1824S.FISKE Examples Assets and/or Income Sources POCKLETICE /FL 1803 How I work (W ROCKLEDGE, FL 803 HEWLE TO program, including the Thrift Savings Plan. ocklicge Fr જ Mega Corp. Slock BLOCK A Simon & Schuster ABC Hedge Fund STATE OF THE PERSON AND THE PERSON A Ŧ × 9 None > *Column M is for assets held by your spouse or dependent child in which you have no interest. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." used. Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method \$1-\$1,000 B Indefinite \$1,001-\$15,000 c \$15,001-\$50,000 O \$50,001-\$100,000 m Value of Asset D \$100,001-\$250,000 • \$250,001-\$500,000 × ତ \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 _ \$5,000,001-\$25,000,000 ے \$25,000,001-\$50,000,000 _ Over \$50,000,000 <u>_</u> Spouse/DC Asset over \$1,000,000 ₹ a Check all columns that apply. For accounts that for digenerate tax-deferred income (such as 401(k), IRA, or must be accounts), you may check the "fax-Deferred" column. Dividends, interest, and capital gains, even by it reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the accessed generated no income during the reporting period. NONE DIVIDENDS × RENT INTEREST Type of Income CAPITAL GAINS BLOCK C EXCEPTED/BLIND TRUST TAX-DEFERRED ą Partnership Income Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate lox below. Dividends, interest, and capital gains, even it reinvested, must be disclosed as income for assets hald in taxable None *Column XII is for assets held by your spouse or dependent child in which you have no interest. accounts. Check "None" if no income was earned or generated. _ \$1-\$200 = \$201-\$1,000 × ≡ \$1,001-\$2,500 ₹ Amount of Income \$2,501-\$5,000 < \$5,001-\$15,000 ≤ BLOCK D \$15,001-\$50,000 ≨ \$50,001-\$100,000 ≦ \$100,001-\$1,000,000 ≍ \$1,000,001-\$5,000,000 × Over \$5,000,000 × Spouse/DC Asset with Income over \$1,000,000 ≚ that exceeded \$1,000. in the reporting period. Indicate if the asset had S(part) Leave this column blank if there are follows: (S (part)). If only a portion of an asset was sold, exchanges (E) exceeding \$1,000 sales (S), or purchases (P), Transaction S, S(part), or E ease indicate as BLOCK E

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Name: BILL POSE'S

Page 4 of 10

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Purchase		Report ar reporting dependen resulted in Exclude t	reporting dependen resulted it Exclude to purchase only a pot transaction	Report ar
Purchase		Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spours pourse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactors between you, your spouse, or dependent children, or the burchase of sale of your personal residence, unless it generated rental income. If	penod of an tchild for invalid for invalid for invalid for invalid for an actions or sale of yurtion of an n.	y purchase,
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Over \$50,000,000		٠.	00 _	
Over \$1,000,000* (Spouse/DC Asset)		~		

SCHEDULE C - EARNED INCOME

Name: (Page 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	npensated at or above the "senior staff" rate was a firtuciary relationship) are totally prohibited.	\$28,050. The 2019 limit is \$28,440.
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland Colvil War Roundtolk (Oct. 2) Ontario County Board of Education	Legislative Persion Spouse Speech Spouse Sallary	\$18,000 \$1,000 N/A
STATE OF FLORIDA	LEGISLATIVE PENSION 17,718	17,718

SCHEDULE D - LIABILITIES

Name: TRILL HOSEY

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. *Column K is for liabilities held solely by your spouse or dependent child.

		77		SP. DC, JT		
		CHASE	Ехатрів			
: : : :		(First Bank of Wilmington, DE	Creditor		
		2002 2002	5/16	Date Liability Incurred MO/YR		
		MODULIAN NO MADON	Mortgage on Rental Property, Dover, DE	Type of Liability		
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				\$25,000,001- \$50,000,000	_	
				Over \$50,000,000		
				Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature

	TRUTTEE (Lytomornianes)	PARINENT	Pagioaut	Position
	TRIAND B. SYDNOK, TR. 1981 TROST	,	HARRICO. REACTORS - A FLORIDA CONPORATION	Name of Organization

SCHEDULE F - AGREEMENTS

t or arrangement that you have with respect to: f	Name:
nent or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;	Name: BILL POSEY
of government service;	Page of 1

employer. Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former

į			80-18-21	Date
			1231-08 STATE OF FLOOREN THE	Parties to Agreement
			PARICIPATION IN RETUREMENT SYSTEM	Terms of Agreement

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics. Example: NAC. Mr. Joseph Smith, Arlington, VA Source Silver Platter (prior determination of personal friendship received from the Committee on Ethics) Description \$48 **Value**

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: BILL + DSET

Page of 10

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

# 70 mor.		7				
	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	¥	۲	Z
Examples:	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	*	ч	Υ
NONE						
	,					

NOW List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA Examples: Association of American Associations, Washington, DC XYZ Magazine Source Name: KULTOSET Activity Speech Article Feb, 2, 2018 Aug. 13, 2018 Date Page 2 of 10 Amount \$2,000 \$500

FILER NOTES (Optional)

Name:

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